



Motor Vehicle Division

46-3502 R03/09 www.azdot.gov

Mail Drop 552M
Dealer Licensing
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

DEALER LICENSING RECORD INQUIRY

Record Request of:

Licensee Name (first, middle, last, suffix)			
Licensee Mailing Address	City	State	Zip
Information Requested			

Statement of Purpose:

Reason For Request

Requestor Name (first, middle, last, suffix)		Representing	
Requestor Mailing Address		City	State Zip
Phone Number ()	Driver License Number	Signature	

Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires

Mail-In Request:

Please submit to the address above with the correct fee.

Fees:

Copy of Document: \$.25 per document

Certified Copy of Document:

\$5.00 per document

MVD Use Only

☐ Yes ☐ No Documents Located

Fee Amount Paid \$	Paid Date	Received By
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